

## IC 12-15-4

### Chapter 4. Application for Assistance

#### IC 12-15-4-1

##### **Applying for Medicaid; enrollment centers; duties of authorized workers; final determination; submitting application**

Sec. 1. (a) An application or a request for Medicaid for an individual must be made in the manner required by the office:

- (1) at enrollment centers specified by the office; or
- (2) through the United States mail, as described in subsection (h), if the individual has a developmental disability.

(b) Enrollment centers:

- (1) shall be located at each county office; and
- (2) may be located at other locations including the following:
  - (A) A hospital licensed under IC 16-21.
  - (B) The office of a provider who is eligible to receive payments under this article.
  - (C) A public or private elementary or secondary school.
  - (D) A day care center licensed under IC 12-17.2.
  - (E) The county health department.
  - (F) A federally qualified health center (as defined in 42 U.S.C. 1396d(1)(2)(B)).
  - (G) A rural health clinic (as defined in 42 U.S.C. 1396d(1)(1)).

(c) An entity described in subsection (b) other than the county office must enter into an agreement with the office for authorization to serve as an enrollment center where individuals may apply for Medicaid.

(d) One (1) or more authorized workers at each enrollment center may:

- (1) accept applications for Medicaid;
- (2) conduct interviews with applicants; and
- (3) accept applications for services under a Medicaid waiver by an individual who has a developmental disability;

during hours and days of the week agreed upon by the office and the enrollment center.

(e) The office shall provide each enrollment center with the materials and training needed by the enrollment center to comply with this section.

(f) An enrollment center shall provide:

- (1) each application taken by the enrollment center; and
- (2) any accompanying materials;

to the county office located in the same county as the enrollment center at least one (1) time each week by any reasonable means. Except as provided in subsection (g), the county office staff shall make the final determination of an applicant's eligibility for Medicaid.

(g) The office shall make the final determination of eligibility of an individual who has a developmental disability to receive services under a Medicaid waiver.

(h) An individual who has a developmental disability may submit to the office through the United States mail an application to receive services under a Medicaid waiver.

(i) The office shall make available:

- (1) on the Internet;
- (2) at an enrollment center; and
- (3) through the United States mail;

an application form for an individual who has a developmental disability to receive services under a Medicaid waiver.

*As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.113; P.L.5-1993, SEC.126; P.L.58-1998, SEC.9; P.L.184-2003, SEC.6.*

#### **IC 12-15-4-2**

##### **TANF assistance recipients; necessity of making Medicaid application**

Sec. 2. An individual who is receiving monthly assistance payments in the TANF category is not required to make an application for Medicaid.

*As added by P.L.2-1992, SEC.9. Amended by P.L.161-2007, SEC.37.*

#### **IC 12-15-4-3**

##### **Records of applicants' circumstances and other information**

Sec. 3. Whenever the county office receives an application or a request for Medicaid, a record shall promptly be made of the following:

- (1) The circumstances of the applicant to ascertain the facts supporting the application or request made under the terms of the Medicaid program.
- (2) Other information required by the office.

*As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.114; P.L.5-1993, SEC.127.*

#### **IC 12-15-4-4**

##### **Grant of assistance; eligibility requirements**

Sec. 4. Medicaid shall be granted to an applicant who is eligible for assistance under IC 12-15-2 and who meets the following requirements:

- (1) Has made an application or a request for Medicaid in the manner required by the office or for whom an application or a request has been made.
- (2) Is a resident of Indiana, including a resident temporarily absent from Indiana, and minor children who are under the care, supervision, and control of a parent or other relative who is a resident of Indiana.
- (3) Has not made a transfer of property for the purpose of making the applicant eligible for Medicaid.
- (4) Does not have a spouse having sufficient income to furnish medical assistance, or a parent having sufficient income to furnish medical assistance if the applicant is a child who is blind or has a disability and who is less than eighteen (18) years

of age.

*As added by P.L.2-1992, SEC.9. Amended by P.L.67-2000, SEC.2;  
P.L.99-2007, SEC.95.*

**IC 12-15-4-5**

**Outreach strategies**

Sec. 5. The office shall implement outreach strategies that build on community resources.

*As added by P.L.273-1999, SEC.173.*